MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.	,		
12		111	110
101	(X)	81	O

FILING DATE

APPLICANT(S)

CL	A	TI	NΛ	C
LΙ	ıΑ	IJ	W	C.

	AS F	ILED		TER IDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		(
3		 			_	
5		-/	-			
6		⊢′⊣				
7	_/_	— ,				
8	-	//				
9		-				
10	7			"		
11		1				
12		7				
13		7				
14						.,
15		/				
16					,,	
17						
18						
19				<u> </u>		
20 21		\vdash				
22						
23					-	
24						
25						
26						
27		7 77				
28			4. 7			
29						
30						
31						
32			10	1		
33						
34						
35						
36						
37 38						
38 39						,
40						
41						
42						
43						
44				7		
45						
46						
47						
48		·				
49						
50						
OTAL IND.	B	•		₽		•
OTAL DEP.	_ 11	4		+		+
OTAL LAIMS	16					100

13	AS FILED		AFTER		AFTER	
	AS FILED		1" AMENDMENT			NDMENT
£1	IND.	DEP.	IND.	DEP.	IND.	DEP.
51 52						
53						
54						
55						
56 57						
57 58						
59					-	
60						
61						
62						
63				-		
64 65	,					
66						
67						
68						
69						
70 71						
72	· 					<u> </u>
73						
74						
75						
76						
77 78						
79						
80					77.4	
81						
82	VI	7	A			
83						
84 85						
86						
87						
88						
89						
90						
91 92						
93						
94						
95						
96						_
97 98						
99						
100						
TOTAL IND.	n - A	+		+		•
TOTAL DEP.		(4		4
TOTAL CLAIMS				***		